

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

The Hawkeye PAC

ADDRESS (number and street)

PO Box 7255

☐Check if different  
than previously  
reported. (ACC)

Des Moines

IA

50309

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00379479

3. IS THIS  
REPORT☒NEW  
(N)**OR**☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☒April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2010

through

03

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Gina Noll

Signature of Treasurer

Electronically Filed by Gina Noll

Date

04

15

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 25

Write or Type Committee Name  
The Hawkeye PAC

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <div>Y Y Y Y 2010</div>		35970.12
(b) Cash on Hand at Beginning of Reporting Period .....	35970.12	
(c) Total Receipts (from Line 19) .....	79000.00	79000.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	114970.12	114970.12
7. Total Disbursements (from Line 31) .....	79130.77	79130.77
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	35839.35	35839.35
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

The Hawkeye PAC

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	17500.00	17500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	17500.00	17500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	61500.00	61500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	79000.00	79000.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	79000.00	79000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	79000.00	79000.00

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	18130.77	18130.77	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	18130.77	18130.77	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	56500.00	56500.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	4500.00	4500.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	79130.77	79130.77	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	79130.77	79130.77	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	79000.00	79000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	79000.00	79000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	18130.77	18130.77
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	18130.77	18130.77

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 25

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Hawkeye PAC

**A.**

Full Name (Last, First, Middle Initial)

American Chiropractic Association PAC

Mailing Address 1701 Clarendon Blvd

City

Arlington

State

VA

Zip Code

22209-2799

FEC ID number of contributing  
federal political committee.**C**

C00102764

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	0

Transaction ID: 00415.C1595

Amount of Each Receipt this Period

2500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

American Hospital Assoc PAC

Mailing Address 325 7th St NW Ste 700  
Suite 700

City

Washington

State

DC

Zip Code

20004-2801

FEC ID number of contributing  
federal political committee.**C**

C00106146

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	1	0

Transaction ID: 00415.C1591

Amount of Each Receipt this Period

5000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

American Physical Therapy Association

Mailing Address Physical Therapy PAC  
1111 N. Fairfax Street

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.**C**

C00012880

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	7	/	2	0	1	0

Transaction ID: 00415.C1579

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

12500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 25

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

The Hawkeye PAC

**A.**

Full Name (Last, First, Middle Initial)

Bank of America Corporation PAC

Mailing Address (fka MBNA Corporation Federal PAC)  
11 King StCity State Zip Code  
Wilmington DE 19884FEC ID number of contributing  
federal political committee.**C** C00252866

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	4	/	2	0	1	0

Transaction ID: 00415.C1594

Amount of Each Receipt this Period

5000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Blue Cross and Blue Shield Assoc. PAC

Mailing Address 1310 G St NW

City State Zip Code  
Washington DC 20005-3000FEC ID number of contributing  
federal political committee.**C** C00194746

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	0

Transaction ID: 00415.C1599

Amount of Each Receipt this Period

2000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Burlington Northern Sante Fe

Mailing Address Corporation RAILPAC  
3017 Lou Menk DrCity State Zip Code  
Fort Worth TX 76131-2801FEC ID number of contributing  
federal political committee.**C** C00235739

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	0	/	2	0	1	0

Transaction ID: 00415.C1576

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

12000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 25

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Hawkeye PAC

**A.**

Full Name (Last, First, Middle Initial)

Comcast Corp. PAC

Mailing Address 1701 John F Kennedy Blvd Fl 49

City

Philadelphia

State

PA

Zip Code

19103-2855

FEC ID number of contributing  
federal political committee.

**C** C00248716

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: 00415.C1596

Amount of Each Receipt this Period

2500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Federal Express PAC

Mailing Address 942 S Shady Grove Rd

City

Memphis

State

TN

Zip Code

38120-4117

FEC ID number of contributing  
federal political committee.

**C** C00068692

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 0

Transaction ID: 00415.C1586

Amount of Each Receipt this Period

2000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

FPL PAC Florida Power & Light Company

Mailing Address Employees PAC  
700 Universe Blvd. - PO Box 14000

City

Juno Beach

State

FL

Zip Code

33408

FEC ID number of contributing  
federal political committee.

**C** C00064774

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: 00415.C1598

Amount of Each Receipt this Period

1500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 25

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

The Hawkeye PAC

**A.**

Full Name (Last, First, Middle Initial)

International Paper PAC

Mailing Address 1101 Pennsylvania Ave NW Ste 200

City

Washington

State

DC

Zip Code

20004-2514

FEC ID number of contributing  
federal political committee.**C**

C00034405

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	1	/	2	0	1	0

Transaction ID: 00415.C1588

Amount of Each Receipt this Period

1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Massachusetts Mutual Life Insurance

Mailing Address Company PAC  
1295 State Street

City

Springfield

State

MA

Zip Code

01111

FEC ID number of contributing  
federal political committee.**C**

C00118943

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	0

Transaction ID: 00415.C1601

Amount of Each Receipt this Period

3000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Medtronic Medical Technology Fund PAC

Mailing Address 1420 New York Ave, NW; Ste. 600

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.**C**

C00311878

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	2	/	2	0	1	0

Transaction ID: 00415.C1584

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 25

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Hawkeye PAC

A.

Full Name (Last, First, Middle Initial)

Midamerican Energy Company Executive PAC

Mailing Address 666 Grand Avenue  
PO Box 657

City State Zip Code  
Des Moines IA 50306-0657

FEC ID number of contributing  
federal political committee.

C C00324483

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 0 / 2 0 1 0

Transaction ID: 00415.C1575

Amount of Each Receipt this Period

5000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Mortgage Bankers Assoc. Of America PAC

Mailing Address 1919 Pennsylvania Ave NW Fl 8  
8th Floor

City State Zip Code  
Washington DC 20006-3404

FEC ID number of contributing  
federal political committee.

C C00004812

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: 00415.C1603

Amount of Each Receipt this Period

1500.00

Receipt

C.

Full Name (Last, First, Middle Initial)

National Association Of Health

Mailing Address Underwriters PAC  
2000 14th St N Ste 450

City State Zip Code  
Arlington VA 22201-2573

FEC ID number of contributing  
federal political committee.

C C00283135

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 1 0

Transaction ID: 00415.C1593

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶

7500.00

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 25

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Hawkeye PAC

**A.**

Full Name (Last, First, Middle Initial)  
National Association of Professional

Mailing Address Employer Organization PAC  
901 N Pitt St Ste 150

City State Zip Code  
Alexandria VA 22314-1564

FEC ID number of contributing  
federal political committee. **C** C00447284

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 7 / 2 0 1 0

Transaction ID: 00415.C1582

Amount of Each Receipt this Period

1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
National Association of Professional

Mailing Address Employer Organization PAC  
901 N Pitt St Ste 150

City State Zip Code  
Alexandria VA 22314-1564

FEC ID number of contributing  
federal political committee. **C** C00447284

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: 00415.C1597

Amount of Each Receipt this Period

1500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
National Association of Realtors PAC

Mailing Address 430 N Michigan Ave

City State Zip Code  
Chicago IL 60611-4011

FEC ID number of contributing  
federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: 00415.C1600

Amount of Each Receipt this Period

2000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 25

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Hawkeye PAC

**A.**

Full Name (Last, First, Middle Initial)

National Venture Capital Assoc. PAC

Mailing Address 1655 Fort Myer Dr Ste 850

City

Arlington

State

VA

Zip Code

22209-3199

FEC ID number of contributing  
federal political committee.

**C**

C00150367

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 1 / 2 0 1 0

Transaction ID: 00415.C1577

Amount of Each Receipt this Period

2000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

New York Life Insurance Co. PAC

Mailing Address 51 Madison Ave Rm 1109

City

New York

State

NY

Zip Code

10010-1603

FEC ID number of contributing  
federal political committee.

**C**

C00158881

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 0 / 2 0 1 0

Transaction ID: 00415.C1574

Amount of Each Receipt this Period

5000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Northwestern Mutual Life Ins. Co. PAC

Mailing Address 720 E Wisconsin Ave

City

Milwaukee

State

WI

Zip Code

53202-4703

FEC ID number of contributing  
federal political committee.

**C**

C00197095

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 4 / 2 0 1 0

Transaction ID: 00205.C1573

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

12000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 25

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Hawkeye PAC

**A.**

Full Name (Last, First, Middle Initial)

PPL People for Good Government

Mailing Address 2 N 9th St

City

Allentown

State

PA

Zip Code

18101-1139

FEC ID number of contributing  
federal political committee.

**C**

C00228106

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 0

Transaction ID: 00415.C1585

Amount of Each Receipt this Period

1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Principal Life Insurance Company PAC

Mailing Address 711 High St

City

Des Moines

State

IA

Zip Code

50392-0001

FEC ID number of contributing  
federal political committee.

**C**

C00128918

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 1 0

Transaction ID: 00415.C1583

Amount of Each Receipt this Period

1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

61500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Hawkeye PAC

**A.**

Full Name (Last, First, Middle Initial)

Mark R. Disler

Mailing Address 6414 Needle Leaf Dr

City

Rockville

State

MD

Zip Code

20852-4150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bksh And Associates

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 1 0

Transaction ID: 00415.C1592

Amount of Each Receipt this Period

500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

John J. ONeill, Jr.

Mailing Address 912 F St NW Apt 701

City

Washington

State

DC

Zip Code

20004-1449

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Venable LLP

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 7 / 2 0 1 0

Transaction ID: 00415.C1580

Amount of Each Receipt this Period

1000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Karen K. Smith

Mailing Address 5214 Farrington Rd

City

Bethesda

State

MD

Zip Code

20816-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Federal Retraining Board

Occupation  
Examination Council

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 7 / 2 0 1 0

Transaction ID: 00415.C1581

Amount of Each Receipt this Period

1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Hawkeye PAC

**A.**

Full Name (Last, First, Middle Initial)

Sac & Fox Tribe

Mailing Address of the Mississippi in Iowa  
349 Meskwaki Rd

City State Zip Code  
Tama IA 52339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tribe

Occupation  
N/a

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 0

Transaction ID: 00415.C1587

Amount of Each Receipt this Period

5000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Clelia Walters

Mailing Address 7107 Matthew Mills Rd

City State Zip Code  
Mc Lean VA 22101-2641

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FedPoint LLC

Occupation  
Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 1 / 2 0 1 0

Transaction ID: 00415.C1589

Amount of Each Receipt this Period

5000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

William Walters

Mailing Address 7107 Matthew Mills Rd

City State Zip Code  
Mc Lean VA 22101-2641

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Acute Long Term Hosp Assn

Occupation  
Ceo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 1 / 2 0 1 0

Transaction ID: 00415.C1590

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

17500.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Hawkeye PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Aristotle International	<b>Transaction ID:</b> 00415.E798 <b>Date of Disbursement</b>
Mailing Address 205 Pennsylvania Ave Se	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 1 0</div> </div>
City Washington State DC Zip Code 20003- Purpose of Disbursement software support Candidate Name	Amount of Each Disbursement this Period <div>2700.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div> SOFTWARE SUPPORT
<b>B.</b> Full Name (Last, First, Middle Initial) Capital Knowledge Consulting	<b>Transaction ID:</b> 00415.E787 <b>Date of Disbursement</b>
Mailing Address PO Box 7255	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 1 / 2 0 1 0</div> </div>
City Des Moines State IA Zip Code 50309- Purpose of Disbursement bookkeeping Candidate Name	Amount of Each Disbursement this Period <div>500.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div> BOOKKEEPING
<b>C.</b> Full Name (Last, First, Middle Initial) Capital Knowledge Consulting	<b>Transaction ID:</b> 00415.E788 <b>Date of Disbursement</b>
Mailing Address PO Box 7255	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 1 / 2 0 1 0</div> </div>
City Des Moines State IA Zip Code 50309- Purpose of Disbursement bookkeeping Candidate Name	Amount of Each Disbursement this Period <div>1500.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div> BOOKKEEPING

**SUBTOTAL** of Disbursements This Page (optional) .....

**4700.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Hawkeye PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Federal City Caterers	<b>Transaction ID:</b> 00415.E789 <b>Date of Disbursement</b>																				
Mailing Address 1119 12th St NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	1		2	0	1	0												
<table border="1"> <tr> <td>City Washington</td> <td>State DC</td> <td>Zip Code 20005-4632</td> </tr> <tr> <td colspan="2">Purpose of Disbursement generic catering</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Washington	State DC	Zip Code 20005-4632	Purpose of Disbursement generic catering		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>1200.00</td> </tr> </table>	1200.00											
City Washington	State DC	Zip Code 20005-4632																			
Purpose of Disbursement generic catering		<input type="text"/> Category/ Type																			
Candidate Name																					
1200.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ GENERIC CATERING																				
<b>B.</b> Full Name (Last, First, Middle Initial) Federal City Caterers	<b>Transaction ID:</b> 00415.E797 <b>Date of Disbursement</b>																				
Mailing Address 1119 12th St NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	5		2	0	1	0												
<table border="1"> <tr> <td>City Washington</td> <td>State DC</td> <td>Zip Code 20005-4632</td> </tr> <tr> <td colspan="2">Purpose of Disbursement generic catering</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Washington	State DC	Zip Code 20005-4632	Purpose of Disbursement generic catering		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>227.86</td> </tr> </table>	227.86											
City Washington	State DC	Zip Code 20005-4632																			
Purpose of Disbursement generic catering		<input type="text"/> Category/ Type																			
Candidate Name																					
227.86																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ GENERIC CATERING																				
<b>C.</b> Full Name (Last, First, Middle Initial) Federal City Caterers	<b>Transaction ID:</b> 00415.E802 <b>Date of Disbursement</b>																				
Mailing Address 1119 12th St NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	4		2	0	1	0												
<table border="1"> <tr> <td>City Washington</td> <td>State DC</td> <td>Zip Code 20005-4632</td> </tr> <tr> <td colspan="2">Purpose of Disbursement generic catering</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Washington	State DC	Zip Code 20005-4632	Purpose of Disbursement generic catering		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>633.75</td> </tr> </table>	633.75											
City Washington	State DC	Zip Code 20005-4632																			
Purpose of Disbursement generic catering		<input type="text"/> Category/ Type																			
Candidate Name																					
633.75																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ GENERIC CATERING																				

**SUBTOTAL** of Disbursements This Page (optional) .....

2061.61

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Hawkeye PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Iowa Christian Alliance	<b>Transaction ID:</b> 00415.E792																				
	Mailing Address 939 Office Park Rd	Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		1	4		2	0	1	0													
	City West Des Moines State IA Zip Code 50265-2505	<b>Amount of Each Disbursement this Period</b>																				
	Purpose of Disbursement charitable contribution Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; float: right; margin-top: -20px;">Category/ Type</div>	<div style="border: 1px solid black; width: 100%; text-align: center; padding: 5px;">2500.00</div>																				
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>CHARITABLE CONTRIBUTION</b>																				
<b>B.</b>	Full Name (Last, First, Middle Initial) Iowa Prayer Breakfast Committee	<b>Transaction ID:</b> 00415.E795																				
	Mailing Address 1955 NW 129th St	Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	2		2	0	1	0													
	City Clive State IA Zip Code 50325-7501	<b>Amount of Each Disbursement this Period</b>																				
	Purpose of Disbursement charitable contribution Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; float: right; margin-top: -20px;">Category/ Type</div>	<div style="border: 1px solid black; width: 100%; text-align: center; padding: 5px;">600.00</div>																				
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>CHARITABLE CONTRIBUTION</b>																				
<b>C.</b>	Full Name (Last, First, Middle Initial) Janet Bain Company	<b>Transaction ID:</b> 00415.E782																				
	Mailing Address 1333 New Hampshire Ave, Nw Suite 419	Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		1	3		2	0	1	0													
	City Washington State DC Zip Code 20036-	<b>Amount of Each Disbursement this Period</b>																				
	Purpose of Disbursement generic fundraising fee Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; float: right; margin-top: -20px;">Category/ Type</div>	<div style="border: 1px solid black; width: 100%; text-align: center; padding: 5px;">3368.67</div>																				
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>GENERIC FUNDRAISING FEE</b>																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**6468.67**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Hawkeye PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Janet Bain Company	<b>Transaction ID:</b> 00415.E804 <b>Date of Disbursement</b>																				
Mailing Address 1333 New Hampshire Ave, Nw Suite 419	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	8		2	0	1	0												
City Washington State DC Zip Code 20036-	Amount of Each Disbursement this Period																				
Purpose of Disbursement generic fundraising fee Candidate Name	<table border="1"> <tr> <td colspan="10">3227.82</td> </tr> </table>	3227.82																			
3227.82																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>GENERIC FUNDRAISING FEE</b>																				
<b>B.</b> Full Name (Last, First, Middle Initial) The Monocle	<b>Transaction ID:</b> 00415.E803 <b>Date of Disbursement</b>																				
Mailing Address 107 D Street, Ne	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	1	0												
City Washington State DC Zip Code 20002-	Amount of Each Disbursement this Period																				
Purpose of Disbursement generic catering Candidate Name	<table border="1"> <tr> <td colspan="10">320.00</td> </tr> </table>	320.00																			
320.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>GENERIC CATERING</b>																				
<b>C.</b> Full Name (Last, First, Middle Initial) World Food Prize Foundation	<b>Transaction ID:</b> 00415.E794 <b>Date of Disbursement</b>																				
Mailing Address 1700 Ruan Center 666 Grand Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	8		2	0	1	0												
City Des Moines State IA Zip Code 50309-	Amount of Each Disbursement this Period																				
Purpose of Disbursement memorial contribution Candidate Name	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>MEMORIAL CONTRIBUTION</b>																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**4047.82**

**TOTAL** This Period (last page this line number only) .....

**17278.10**

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Hawkeye PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Kelly Ayotte	<b>Transaction ID:</b> 00415.E817 <b>Date of Disbursement</b>																				
Mailing Address PO Box 233	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	1	0												
City Nashua State NH Zip Code 03061-0233	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement P-2010	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name KELLY A AYOTTE	Category/Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ P-2010																				
<b>B.</b> Full Name (Last, First, Middle Initial) Boozman for Arkansas	<b>Transaction ID:</b> 00415.E816 <b>Date of Disbursement</b>																				
Mailing Address 322 S Bloomington St Ste A-B	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	1	0												
City Lowell State AR Zip Code 72745-9780	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement P-2010	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name JOHN BOOZMAN	Category/Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ P-2010																				
<b>C.</b> Full Name (Last, First, Middle Initial) Scott Brown for US Senate	<b>Transaction ID:</b> 00415.E809 <b>Date of Disbursement</b>																				
Mailing Address PO Box 395	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	2		2	0	1	0												
City Wrentham State MA Zip Code 02093-0395	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement SPECIAL GENERAL 2010	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name SCOTT P BROWN	Category/Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ SPECIAL GENERAL 2010																				

SUBTOTAL of Disbursements This Page (optional) .....

9500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Hawkeye PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Mike Crapo for US Senate	<b>Transaction ID:</b> 00415.E808 Date of Disbursement																				
	Mailing Address PO Box 1948	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		0	7		2	0	1	0													
	City Boise State ID Zip Code 83701-1948	Amount of Each Disbursement this Period																				
	Purpose of Disbursement G-2010	5000.00																				
	Candidate Name MICHAEL D CRAPO	<input type="checkbox"/> Category/Type																				
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ID District: 00	G-2010																				
<b>B.</b>	Full Name (Last, First, Middle Initial) Mike Crapo for US Senate	<b>Transaction ID:</b> 00415.E807 Date of Disbursement																				
	Mailing Address PO Box 1948	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		0	7		2	0	1	0													
	City Boise State ID Zip Code 83701-1948	Amount of Each Disbursement this Period																				
	Purpose of Disbursement P-2010	5000.00																				
	Candidate Name MICHAEL D CRAPO	<input type="checkbox"/> Category/Type																				
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ID District: 00	P-2010																				
<b>C.</b>	Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> 00415.E815 Date of Disbursement																				
	Mailing Address 455 Capitol Mall Ste 801	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		3	1		2	0	1	0													
	City Sacramento State CA Zip Code 95814-4420	Amount of Each Disbursement this Period																				
	Purpose of Disbursement P-2010	1000.00																				
	Candidate Name CARLY FIORINA	<input type="checkbox"/> Category/Type																				
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 00	P-2010																				
	<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	11000.00																				
	<b>TOTAL</b> This Period (last page this line number only) .....																					

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Hawkeye PAC**A.**Full Name (Last, First, Middle Initial)  
Georgians For Isakson

Mailing Address 6000 Lake Forrest Drive #108

City State Zip Code  
Atla Nta GA 30328-Purpose of Disbursement  
G-2010Candidate Name  
JOHN HARDY ISAKSONOffice Sought: ☐ House  
☒ Senate  
☐ President

State: GA District: 00

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 00415.E813

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	6		2	0	1	0

Amount of Each Disbursement this Period

5000.00

G-2010

**B.**Full Name (Last, First, Middle Initial)  
Latham For Congress

Mailing Address PO Box 71

City State Zip Code  
Clarion IA 50525-0071Purpose of Disbursement  
G-2010Candidate Name  
THOMAS P. LATHAMOffice Sought: ☒ House  
☐ Senate  
☐ President

State: IA District: 04

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 00415.E812

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	0

Amount of Each Disbursement this Period

5000.00

G-2010

**C.**Full Name (Last, First, Middle Initial)  
Friends of John McCain

Mailing Address PO Box 16664

City State Zip Code  
Arlington VA 22215-1664Purpose of Disbursement  
G-2010Candidate Name  
JOHN S MCCAINOffice Sought: ☐ House  
☒ Senate  
☐ President

State: AZ District: 00

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 00415.E811

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	8		2	0	1	0

Amount of Each Disbursement this Period

5000.00

G-2010

SUBTOTAL of Disbursements This Page (optional) .....

15000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Hawkeye PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of John McCain Mailing Address PO Box 16664	<b>Transaction ID:</b> 00415.E810 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 8 / 2 0 1 0</div> </div>
City Arlington State VA Zip Code 22215-1664 Purpose of Disbursement P-2010 Candidate Name JOHN S MCCAIN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AZ District: 00	Amount of Each Disbursement this Period <div>2500.00</div> P-2010
<b>B.</b> Full Name (Last, First, Middle Initial) Jane Norton for Colorado Mailing Address 8006 E Arapahoe Rd Unit 150 Room 925 City Englewood State CO Zip Code 80112-6832 Purpose of Disbursement P-2010 Candidate Name JANE BERGMAN NORTON Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CO District: 00	<b>Transaction ID:</b> 00415.E814 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> P-2010
<b>C.</b> Full Name (Last, First, Middle Initial) Hoeven For Senate Mailing Address PO Box 15114 City Arlington State VA Zip Code 22215-0114 Purpose of Disbursement P-2010 Candidate Name JOHN HOEVEN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ND District: 00	<b>Transaction ID:</b> 00415.E819 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>2500.00</div> P-2010

SUBTOTAL of Disbursements This Page (optional) .....

6000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Hawkeye PAC

A.

Full Name (Last, First, Middle Initial)

National Republican Senatorial Committee

Mailing Address 425 Second Street Ne

City  
Washington

State  
DC

Zip Code  
20002-

Purpose of Disbursement  
2010 CONTRIBUTION

Candidate Name  
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00415.E781

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	1	0

Amount of Each Disbursement this Period

15000.00

2010 CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) .....

15000.00

TOTAL This Period (last page this line number only) .....

56500.00



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Hawkeye PAC

**A.**

Full Name (Last, First, Middle Initial)  
Iowa Family PAC

Mailing Address 1100 N Hickory Blvd Ste 107

City Pleasant Hill State IA Zip Code 50327-7072

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 00415.E793

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)  
Findley for Iowa

Mailing Address PO Box 451

City Dexter State IA Zip Code 50070-0451

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 00415.E818

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

4500.00